

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000002265**

1. Entity Name

Thomas Thomasville Family Limited Partnership. LLLP

Principal Place of Business

Mailing Address

8644 Brierwood Road
Jacksonville, FL 32217

8644 Brierwood Road
Jacksonville, FL 32217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Harry G. Thomas, Jr.
8644 Brierwood Road
Jacksonville, Florida 32217

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record: 10,000,000

10. Amount of Capital Contributions

in FLORIDA to date: \$589,400

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.

GENERAL PARTNER INFORMATION

13.

ADDRESS CHANGES ONLY

P99000111645

Thomas Thomasville Family Enterprises, Inc., 8644 Brierwood Road
Jacksonville, FL 32217

STREET ADDRESS

CITY-ST-ZIP

600003205026--6

04/11/00-01148-024

STREET ADDRESS

***526.25 ***526.25

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 C7(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Harry G. Thomas Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-26-00

Date

Daytime Phone

APPROVED
AND
FILED

00 MAR 30 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR25003 (0/00)